FILE #2683

CITY OF LINCOLN NEBRASKA

DEPARTMENT OF LICENSES AND PERMITS

INDIVIDUAL SEWAGE SYSTEM CONSTRUCTION — TYPE OF LICENSE OR PERMIT

DECEMBER 9, 1988 — THIS LICENSE OR PERMIT EXPIRES

SCOTT FITZGERALD, GENERAL EXCAVATING, 4401 NO. 27 STREET, LINCOLN, NE 68521 — LICENSEE OR PERMITTEE / ADDRESS

T9N; R7E; Sec 28; Bk 4; Lot 1; Yankee Ridge Estates; 8600 So. 63 Street — NAME OF ESTABLISHMENT, IF ANY / ADDRESS

REMARKS: NON TRANSFERABLE NEW CONSTRUCTION

PERMIT	ACCOUNTING NUMBER	TOTAL
$ 60.00	018754	$ 60.00

Valid Receipt Only if Machine Receipted In This Space

Serial No. Date and Amount

APPLICATION

HEALTH

ISSUING OFFICER OR DEPARTMENT

THIS LICENSE OR PERMIT IS ISSUED SUBJECT TO REVOCATION AS PROVIDED BY LAW

FORM 20103-0477
REQUEST FOR SITE CLEARANCE AND PERMIT
FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM
City Ordinance No. 9150 ☒
County Resolution No. 2832 ☐

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

A

FILING FEE: $ 60.00

FILE NO. 7683

DATE: 6-8-88

The undersigned hereby requests SITE CLEARANCE and PERMIT to construct an Individual Sewage Disposal System in conformance with appropriate resolution or ordinance, as described herein:

1. Legal description of property: Twp. 9N ; Range 7E ; Section 28 ;
   Block 4 : Lot 1 : Addition YANKEE RIDGE ESTATES
   Street Address 8600 South 63rd

2. Property Use: Residential ☒ ; Commercial ☐ Other Use ☐
   No. of Bedrooms 3 . Describe

3. Type of Individual Sewage Disposal System: Septic Tank ☒ ; Other ☐

4. Distance to public sewer: _____ ft.

467-1627

Scott Fitzgerald General Excavating
Signature of Applicant (Owner or Lessee)

4401 N 27th
Address

(Do not write below this double line)

1. Health Department: Date Rec'd. 6/9/88. Date Frwd. 6/9/88. ACTION: Approved ☒ Disapproved ☐ Signature: Jerrold C. Nodd

2. Supt. Bldg. Insp.: or Village Clerk: Date Rec'd. 6/10/88. Date Frwd. 6/10/88. ACTION: Approved ☒ Disapproved ☐ Signature: Gary Shemwell

3. City or County Engineer: Date Rec'd. 6-10-88. Date Frwd. 6-10-88. ACTION: Approved ☒ Disapproved ☐ Signature: Dennis Bartels

REMARKS OR REASONS FOR DISAPPROVAL NO WELL PERMIT YET.

Site Visits/
Date: 6/13/88 by: J. C. H.
Date: / / by:
Date: / / by:

White: Health Dept. Copy
Yellow: Engineers Copy
Pink: Bldg. Inspector's Copy

INSTALLATION FINAL WRITTEN APPROVAL *
Date: _____ By: _____

* MOSTLY COVERED BEFORE INSPECTION

FORM 23-43

20105-0477
L ABSORPTION TEST DATA REPORT
(Annex to Application)
(Reference: City Ordinance No. 9150 and County Resolution No. 2832)

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT
Division of Environmental Health
2200 St. Marys Avenue
Lincoln, Nebraska 68502
Phone: 471-7800

B

FILE NO. 2683

PROPERTY WHERE SOIL TESTED:

Location: Township_____; Range_____; Section & ¼ Section_____.
Property Dimensions: _____ft. x _____ft. Area:_____acres. (Attach Sheet C with sketch of property).
Soil Type: Silty Clay ☐ ; Silty Clay Loam ☐ ; Sandy Loam ☐ ; Silt Loam ☐ ; Clay Loam ☐ .
Dates of Tests:_____to_____. Weather: Precip._____Temp._____.

OWNER:_____

Address:_____

PERCOLATION TEST DATA TABLE

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.
		Pre-Saturation Period				Percolation Readings						Results	
		Start		End		Start			End				
Hold No.	Hole Depth (in.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Date (Mo./ Day)	Time (Hr./ Min.)	Water Level (in.)	Time (Hr./ Day)	Water Level (in.)	Elapsed Time (Min.)	Water Level Drop (in.)	Percolation Rates (Min./in.)
1	48"	6-3	1:00	6-4	3:00	6-4	4:00	9	4:30	7½	60m	4½	
2	48"	"	"	"	"	6-4	"	8	4:30	7½	60m	4½	
3	48"	"	"	"	"	6-4	"	8	"	7	"	5	
4	48"	"	"	"	"	6-4	"	8	"	6	"	6	
5	48"	"	"	"	"	6-4	"	8½	"	6	"	6	
6	48"	"	"	"	"	6-4	"	8	"	7¼	"	4¾	

Mike Stewart
Signature of Person Conducting Test

Sum of Percolation Rates: _____
Average of Rates: _____
Mean of Rates: _____

Address_____ Phone_____

(Do not write below this line)

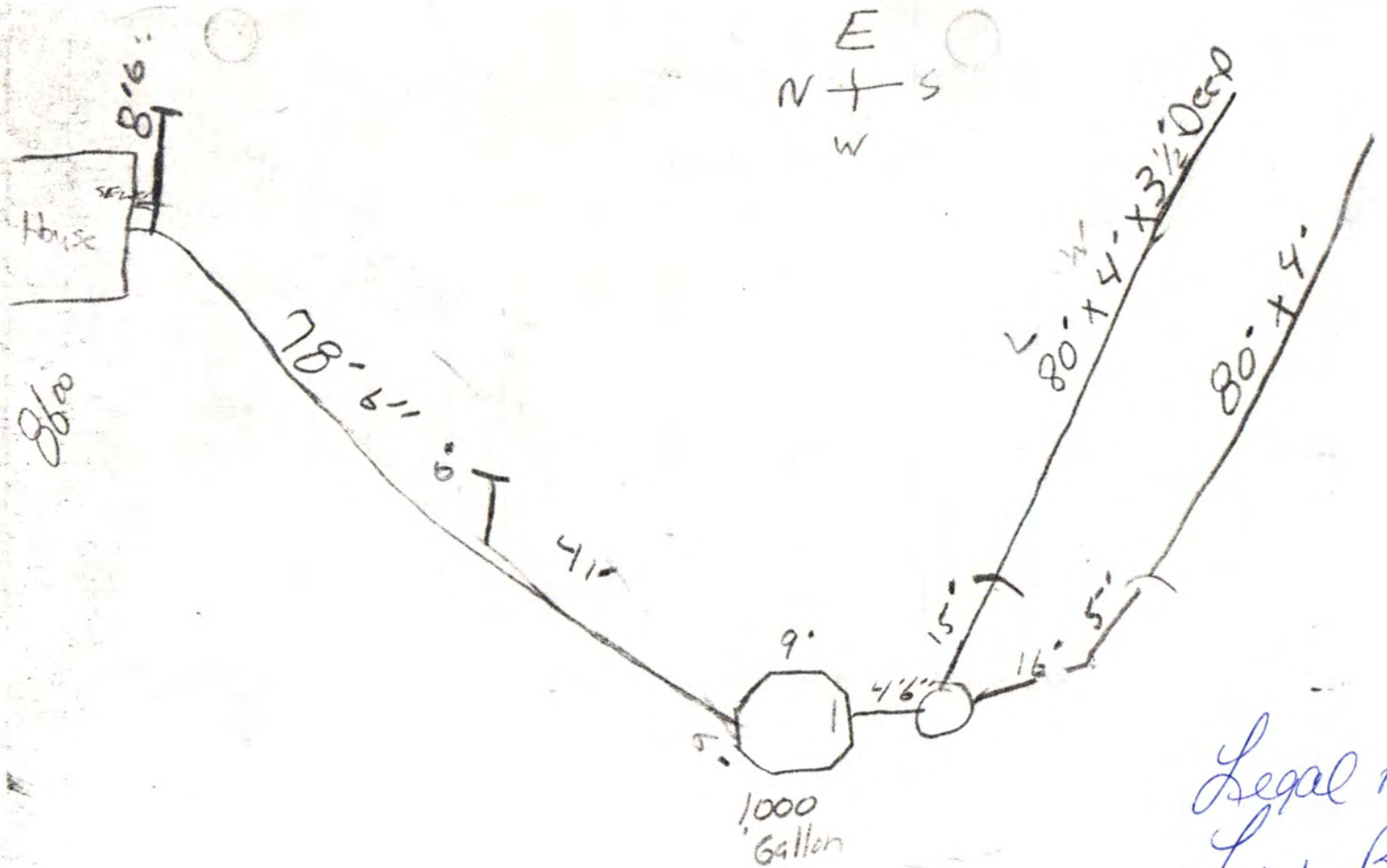
REVIEWING ACTION

Remarks: A LITTLE ON THE FAST SIDE
Soil Type (SCS): Sharpsburg Silty Clay Loam
Date: JUNE 9, 1988

Approved Percolation Rate (a)
A. 12 min./inch
B._____min./inch
C._____min./inch

Jerrold C. Hood
Signature of Reviewing Official

RECEIVED JUN 1 7 1988



Bob & Ollie plumbing
8600 So. 63rd

Legal Address:
Lot 1, Block 4
Yankee Ridge
1st Addition

LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 6-6-90

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 28; BLOCK 4

LOT 1; ADDITION Yankee Ridge 1st; Street Address 8600 S. 63rd Street

Directions to Property _____

Location of Well 421-2645 Owner Tap Location: Inside ☐ Outside ☐

Location of Sewage System Contact owner Year Installed _____

	NAME	ADDRESS	PHONE
Present Owner:	Wesley G. Bennett	8600 S. 63rd Street	421-2645
Tenant/Buyer:			
Return to:	First Commerce Savings	P.O. Box 80036-6850	474-5331

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant Arlene Bruggman Address FCS

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HEALTH DEPARTMENT USE ONLY

Date Received JUNE 7, 1990 Received $150.00 Check ☒ Cash ☐

PRELIMINARY STATUS--DATE JUNE 11, 1990

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 6/11/90 by J.C.H.
Bacteria	☐	☐	Provisional:	☒	Date _____ by ____
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ____

Comments: AT THE TIME OF INSTALLATION MOST OF THIS SEWAGE SYSTEM WAS COVERED BY THE CONTRACTOR BEFORE INSPECTION BY THE HEALTH DEPARTMENT HENCE APPROVAL IS PROVISIONAL, NO EVIDENCE OF MALFUNCTION See Attached Letter ☐

FINAL STATUS

	WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
	Approved: ☐	Approved: ☐	Provisional Approval: ☒

APPROVED BY Jerold C. Nead R.S. DATE JUNE 11, 1990

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

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LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT

2200 St. Marys Avenue Phone (402) 471-7800 Lincoln, Nebraska 68502

REAL ESTATE TRANSFER / LOAN APPROVAL

This form must be completed and returned to request a real estate transfer inspection.

MAKE CHECKS PAYABLE TO: Lincoln-Lancaster County Health Department.

☐ Evaluation of the Individual Water System Date: 11-18-92

☒ Evaluation of the Sewage Disposal System ☒ Enclosed is $150.00

Legal Description of Property: TWP. 9N; RANGE 7E; SECTION 28; BLOCK 4

LOT 1; ADDITION Yankee Ridge 1st; Street Address 8600 South 63rd St

Directions to Property Hiway 2 + 56th - South 2 miles to Yankee Hill Rd - turn left - half a mile to 63rd - right on 63rd - 2nd property on left

Location of Well _____ Tap Location: Inside ☐ Outside ☐

Location of Sewage System South side of house Year Installed 1988

	NAME	ADDRESS		PHONE
Present Owner:	Roberta K. Bennett	8600 S 63rd	68516	421-2045
Tenant/Buyer:	George + Karen Hanssen	5220 S 51st St	68516	489-1844
Return to:	Nebraska Title Co.	1610 S. 70th, Ste 102	68506	486-4900

NOTE: Allow two weeks for processing. Incomplete information will delay processing.

Signature of Applicant _____ Address _____

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HEALTH DEPARTMENT USE ONLY

Date Received 11-19-92 Received $150.00 Check ☒ Cash ☐ #123 NSECU

PRELIMINARY STATUS--DATE NOVEMBER 20, 1992

WATER SYSTEM:	Approved	Disapproved	SEWAGE SYSTEM:		SITE VISIT:
Construction	☐	☐	Approved:	☐	Date 11/20/92 by L.C.H.
Bacteria	☐	☐	Provisional:	☒	Date _____ by ___
Nitrate	☐	☐	Disapproved:	☐	Date _____ by ___

Comments: AT THE TIME OF INITIAL INSTALLATION MOST OF THE SEWAGE SYSTEM WAS COVERED PRIOR TO INSPECTION HENCE APPROVAL IS PROVISIONAL. NO EVIDENCE OF MALFUNCTION. IF THE SEPTIC TANK HAS NOT BEEN PUMPED RECENTLY IT SHOULD BE CHECKED TO SEE IF IT IS NEEDED. See Attached Letter ☐

FINAL STATUS

WATER SYSTEM:	SEWAGE DISPOSAL SYSTEM:	
Approved: ☐	Approved: ☐	Provisional Approval: ☒

APPROVED BY Jerrold C. Wood R.E.H.S. DATE NOVEMBER 20, 1992

Approval or disapproval is based on written standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operation. WELLS - Nebraska Safe Drinking Water Act,
- Standards for A Private Well in Nebraska

FG.4120 INDIVIDUAL SEWAGE SYSTEMS - County Resolution #2832

9708210007

Lincoln-Lancaster County Health Department

3140 "N" Street, Lincoln, Nebraska 68510 Phone: 441-8022

REAL ESTATE TRANSFER/LOAN APPROVAL FORM

FOR PROPERTY IN **LANCASTER COUNTY** ONLY

This form must be completed and returned with payment to request a real estate transfer inspection.

MAKE CHECK PAYABLE TO: "Lincoln-Lancaster County Health Department" or "LLCHD"

☑ Enclosed is $150.00. Allow two weeks for processing. Incomplete information will delay processing. 950

Legal Description of Property: Street Address 8600 S 63rd St Lincoln, NE

Twp 9N Range 7E Section 28 1/4 ___ 1/4 ___ Block 4 Lot 1 Addition Yankee Ridge First Add.

Directions to Property _____

Location of Well none Tap Location: Inside ☐ Outside ☐

Location of Sewage System SW of house Year Installed 1988

	NAME	ADDRESS	PHONE
Present Owner:	George Hanssen	8600 S 63 Lincoln NE	421-3199
Tenant/Buyer:			
Return to:	George Hanssen	8600 S 63 Lincoln NE 68516	421 3199

Signature of Applicant George Hanssen Address 8600 S 63 Lincoln NE Date 8/14/97

HEALTH DEPARTMENT USE ONLY

RECEIVED

Date 8/19/97

Initials JS

Amount $150.00 ✓

Check No. 621 ✓

DATA ENTRY

Date ___/___/___

Case No. _____

Initials _____

PRELIMINARY STATUS--By Paul Drotzmann **DATE:** 8/20/97

WATER SYSTEM:	Approved	Disapproved
Construction	☐	☐
Bacteria	☐ ____/ml	☐ ____/ml
Nitrate	☐ ____ppm	☐ ____ppm

SEWAGE SYSTEM	
Approved	☐
Provisional	☒
Disapproved	☐

Additional Site Visits

Date ___/___/___ by ___

Date ___/___/___ by ___

Date ___/___/___ by ___

Comments: Records indicate that septic system was covered by installer prior to inspections. No visible evidence of malfunction. Recommend pumping of septic tank by a licensed liquid waste hauler if not done in past 2 years See Attached Letter ☐

FINAL STATUS Rural water system

WATER SYSTEM: Approved ☒ **SEWAGE DISPOSAL SYSTEM:** Approved ☐ Provisional Approval ☒

Approved by Paul Drotzmann Date 8/20/97

Approval or disapproval is based on State and local standards for construction, location and water quality. Inspection is based on visible construction and operation at the time of inspection. Approval or provisional approval does not imply or express a guarantee of system operations.

White - Applicant after approval Yellow - Environmental Health Pink - Business Office

Revised/Reprint: 10-95